

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references accompanies this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

Screening Method

Date:

5.23.00

Bret Field

Registration No. 37,620

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Typed or Printed Name

Judy Morrow

Signature

NON FEE TRANSMITTAL

Note: Effective October 1, 1998. Patent fees are subject to annual revision.

/	Date	May 2.4, 2000				
Attorney Docket Number		TOSK-004				
First Named Inventor		Fogarty				
Application Number		09/472,654				
Filing Date		December 27, 1999				
Group Art Unit		1648				
Examiner Name		Unassigned				
Title	•	In Vivo High Throughput Toxicology Screening Method				

Enclosed are the following documents:

1 page Non Fee Transmital

1 page Information Disclosure Statement with 1449

16 References

Postcard

CLAIMS											
No. of claims as filed or after amendment			Most claims previously paid		Extra <u>claims</u>	Fee <u>belo</u>	from ow		Fee <u>Due</u>		
Total claims	20	-	20	=		x		=			
Ind. claims	4	-	3	. =		X		=			
Multiple Dependent o	laims					X		=			
Large Fee Code	Entity Fee (\$)		Small Fee Code		Entity Fee (\$)	Fee Description					
103	18		203		9	Claims in excess					
102	. 78		202		39	Independent claims in excess of 3					
104	260		204		130	Multiple dependent claim					
109	78		209		39	Reissue independent claims over original patent					
110	18		210		99	Reissue claims in excess of and over original patent					

SUBMITTED BY	Complete	Complete (if applicable)			
Typed or Printed Name	Reg. Number	37,620			
Signature	- Off	Date	5.23.00	Deposit Account	

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